



TributeNight™ Hand Order Form **L**



Have questions? Need help?

Talk to a Design Consultant now!

Available M–F, 8:00AM–6:00PM Central.

1 Patient Information

Name: _____ 18 _____ Phone Number: _____ Age: _____ Height: _____ Weight: _____

Therapist/Fitter: Name: _____ Phone Number: _____ Email: _____

3 Measurements

(All measurements in centimeters)

Date taken: ____/____/____

A^C= _____
(optional)

F^C= _____

#3 Digit

E^C= _____

G^C= _____

#4 Digit

H^C= _____

#5 Digit

B^C= _____

MCP

LEFT HAND

D^C= _____

#1 Digit

C^C= _____

Wrist

ZERO ▶ 0

4 Billing Information

☐ Quote Only

Business Name: _____

Phone: _____ Fax: _____

Contact Name & Phone: _____

Account #: _____ P.O. #: _____

Payment: ☐ Credit card (provide number below) ☐ Net 30

Card #: _____ Exp: ____/____/____ SID: _____

2 Garment Design



Style UE - _____



Channeling ☐ Vertical (Chevron channeling not available.)



Fill ☐ Chopped Foam ☐ Soft Fill



Profile ☐ Original ☐ Low



Color ☐ Black ☐ Blue ☐ Purple ☐ Raspberry ☐ Slate



Modifications

QTY.

Notes/Placement Instruction

☐ Zippers

☐ Adjustable panels
(VELCRO® brand)

☐ Adjustable straps
w/Finger grip

☐ Closure (VELCRO® brand)



Accessories

☐ Outer Jacket (OJ)

Color: ☐ Black ☐ Blue ☐ Purple ☐ Raspberry ☐ Slate

Fastener type: ☐ VELCRO® brand fastener ☐ Snap

Special Instructions:

☐ Exact Reorder of Order #: _____

5 Shipping Information

Shipping: ☐ Standard

☐ Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____ Zip: _____

Province

Postal Code

Phone: _____

Email (for shipping notification): _____

L&R USA INC. will reply with an order confirmation and cost.



TributeNight™ Hand Order Form **R**



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Therapist/Fitter: Name: _____ Phone Number: _____ Email: _____

2 Garment Design

Style UE - _____
Channeling ☐ Vertical (Chevron channeling not available.)
Fill ☐ Chopped Foam ☐ Soft Fill
Profile ☐ Original ☐ Low
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3 Modifications

QTY.	Notes/Placement Instruction
____ Zipper	_____
____ Adjustable panels (VELCRO® brand)	_____
____ Adjustable straps w/Finger grip	_____
____ Closure (VELCRO® brand)	_____

4 Accessories

____ Outer Jacket (OJ)
 Color: ☐ Black ☐ Blue ☐ Purple ☐ Raspberry ☐ Slate
 Fastener type: ☐ VELCRO® brand fastener ☐ Snap

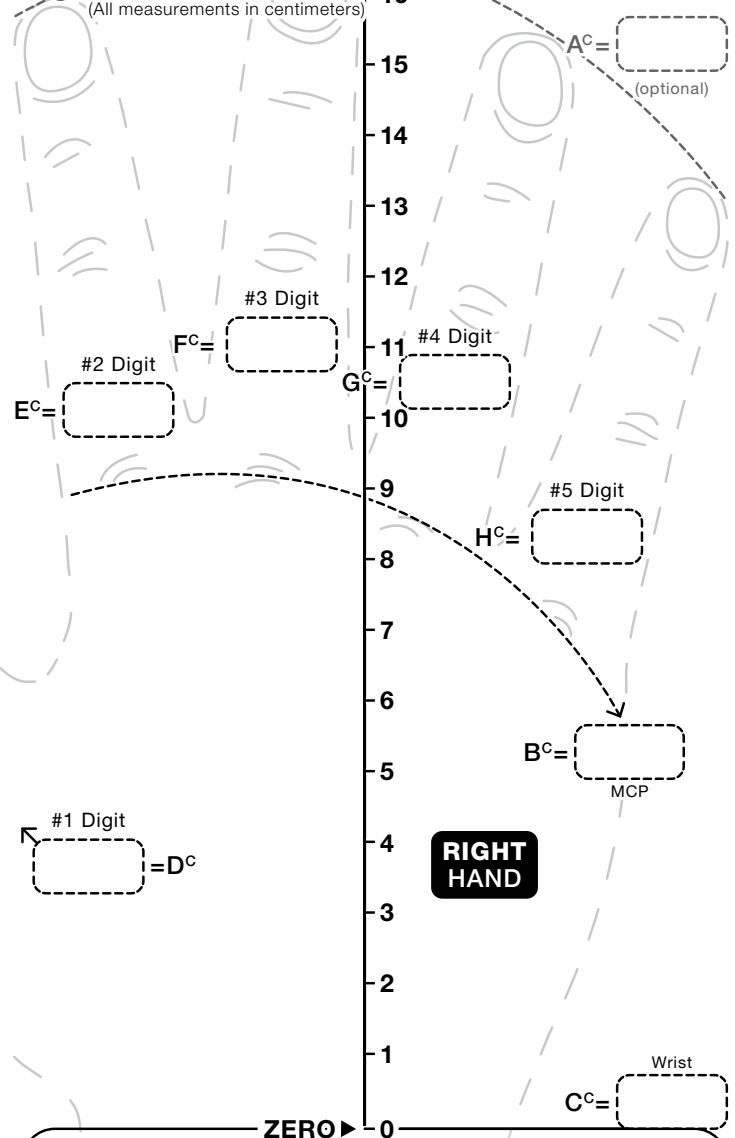
Special Instructions: _____

☐ Exact Reorder of Order #: _____

3 Measurements

(All measurements in centimeters)

Date taken: ____/____/____



Measurements for the RIGHT HAND:

- #1 Digit: D^c
- #2 Digit: E^c
- #3 Digit: F^c
- #4 Digit: G^c
- #5 Digit: H^c
- MCP: B^c
- Wrist: C^c
- Optional: A^c

Height scale: 0 to 18 inches.

RIGHT HAND

5 Shipping Information

Shipping: ☐ Standard ☐ Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Province: _____ Postal Code: _____

Email (for shipping notification): _____

4 Billing Information

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Business Name: _____

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